



Office of the Regional Administrator / Region I

August 22, 2002

Ms. Kathleen G. Sgambati
Acting Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301-3857

Dear Ms. Sgambati:

I am pleased to inform you that your revised request to renew your home and community-based services waiver for individuals with acquired brain disorder as authorized under the provisions at section 1915(c) of the Social Security Act (the Act) is approved. This waiver renewal is assigned control number 40177.90.R1, which should be used in any future correspondence. Copies of the approved waiver pages are enclosed.

You submitted your waiver request to provide case management (service coordination), personal care services, respite care, day habilitation, supported employment, environmental (home and vehicle) modifications, crisis response, community support, assistive technology support, specialty services and consolidated acquired brain disorder services as part of your renewal. These services will be provided to eligible persons who would otherwise require the level of care provided in a nursing facility with skilled nursing care or specialized rehabilitative services. You have added the optional State supplement recipient group to groups eligible to receive services under this waiver, and increased the allowance for the needs of individuals living in community residential settings to \$100 a month under the regular post-eligibility section of Appendix C.

You also asked for a waiver of the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act, and a waiver of the institutional income and resource rules for the medically needy at section 1902(a)(10)(C)(i)(III).

The waiver is currently operating in a 90-day temporary extension period. Based on the assurances and information you have provided in your original submission and revisions and supplemental information you provided on July 19, August 6 and August 14, I am approving the State's waiver renewal as requested effective November 1, 2001. All temporary extension periods will therefore be subsumed in the renewal.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (11/1/2001 – 10/31/2002)	117		\$90,928	\$10,638,533
Year 2 (11/1/2002 – 10/31/2003)	130		\$90,491	\$11,763,856
Year 3 (11/1/2003 – 10/31/2004)	130		\$90,491	\$11,763,856
Year 4 (11/1/2004 – 10/31/2005)	130		\$90,491	\$11,763,856
Year 5 (11/1/2005 – 10/31/2006)	130		\$90,491	\$11,763,856

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Lynda F. Silva
Acting Regional Administrator

Enclosure

cc:

Karen Kimball, New Hampshire DDS
Mary Jean Duckett, CMS

NH MD-S-270